

S. No. 2
 OM-243
 5-1-1943
 I X38697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23246**
 Registrar's No. **6656**

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5310 Claxton Ave /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **None**
 (Specify whether
 In this community..... **Birth**
 years, months or days)

3. (a) PRINT FULL NAME **Ida McDaniels**
 3. (b) If veteran, name war..... **None**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Married**
 6. (b) Name of husband or wife..... **William S. McDaniels** alive..... **67** years
 6. (c) Age of husband or wife if
 7. Birth date of deceased..... **April 29, 1875**
 (Month) (Day) (Year)

8. AGE: Years **68** Months **14** Days **23**
 If less than one day
 .hr. min.

9. Birthplace..... **St. Louis** **Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

12. Name..... **Phillip Bischoff**

13. Birthplace..... **Unknown** **Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Dora Wahl**

15. Birthplace..... **Unknown** **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **William S. McDaniels**
 (b) Address..... **5310 Claxton Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **7/26/43**
 (Month) (Day) (Year)

(c) Place: burial or cremation..... **New St. Marcus Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**
 (b) Address..... **2161 East Fair Ave**

19. (a) **23** (Date received local registration) (b) **J. J. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **5310 Claxton Ave**
 (If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **22**
 year..... **1943** hour..... **3:55** AM minute..... M.

21. I hereby certify that I attended the deceased from **July 3**
43 to **July 26** **43**
 that I last saw him alive on **July 26**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chr. myocarditis**

Due to..... **Hypertension**

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 ry

While at work?..... (Specify type of place) (e) Means of injury.....
 23. Signature..... **W. J. Schumacher** (M. D. or other)
 Address..... **4981 T. Brush** Date signed..... **7-22-43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Walter G Burnley*

Licensed Embalmer No..... *4202*

P. O. Address..... *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.